

# Type 1 Diabetes; Age 21 Years and Over; Eligible Concessional Status; High Clinical Need

This form allows a person who is already registered with the NDSS to apply for access to continuous glucose monitoring products through the Scheme. The National Diabetes Services Scheme is an initiative of the Australian Government administered with the assistance of Diabetes Australia.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

## Person with type 1 diabetes

**1 Given name(s)**

**2 Family name**

**3 Date of birth**

 Day /  Month /  Year

**4 Medicare card (preferred) or DVA file number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**5 NDSS card number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**6 Are you of Aboriginal or Torres Strait Islander origin?**  
(tick all boxes that apply)

- No ▶ **Go to 7**    Yes, Aboriginal ▶ **Go to 10**  
 Yes, Torres Strait Islander ▶ **Go to 10**

**7 Type of Concession** (tick boxes)

- Health Care Card    Pension Card    DVA

**8 Concession Card or DVA File Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**9 Expiry Date**

 Day /  Month /  Year

**10 Email** (preferred method of contact)

**11 Mobile number**

**12 Address where you live**


 Suburb                       State                       Postcode

**13 By signing here, you are confirming that any CGM products supplied to you through the NDSS are for you (the person with type 1 diabetes named on this form) only, the information you have provided on this form is true and complete, and you agree to the collection, use and disclosure of your information for the purposes set out in this form and the NDSS Registration Form.**

**I understand giving false or misleading information is a serious offence.**

 Signature                       Day                       Month                       Year  


## Carer/Guardian

**If the person with type 1 diabetes is an adult receiving ongoing care, this section must be completed by a primary guardian or carer.**

**14 Given name(s)**

**15 Family name**

**16 Email** (preferred method of contact)

**17 Mobile number**

**18 Address where you live**


 Suburb                       State                       Postcode

**19 By signing here, you are confirming that:**

- you are a primary guardian or carer for the person named in Q1 and Q2; and
- any CGM products supplied to you through the NDSS are for use by the person with type 1 diabetes named on this form only; and
- the information you and the person with type 1 diabetes have provided on this form is true and complete; and
- both you and the person with type 1 diabetes agree to the collection, use and disclosure of the provided information for the purposes set out in this form and the NDSS Registration Form, and where you are providing personal information about someone other than yourself, you will advise the other person of the privacy information contained in this form; and
- I understand giving false or misleading information is a serious offence.

 Signature                       Day                       Month                       Year  


## Certifier

To be completed by an authorised health professional who specialises in diabetes, as listed below

### 20 Which are you?

Endocrinologist/Diabetologist  ► **Go to 21**

Credentialed Diabetes Educator  ► **Go to 21**

Other registered health professional who specialises in diabetes, please tick:

Physician  Nurse Practitioner  ► **Go to 21**

None of the above  **You cannot certify this form**

### 21 Eligibility Criteria\*

The person meets **ALL** of the following criteria:

- the person is expected to benefit clinically from the use of CGM; **AND**
- the person or family/carer has the willingness and capability to use CGM; **AND**
- the person or family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM;

#### AND

- the person has experienced one or more episodes of hypoglycaemia within the last 12 months, with significant cognitive impairment requiring third-party assistance for recovery; **AND**
- you have taken reasonable steps to confirm details of ambulance attendance or hospitalisation:

#### Ambulance Attendance Details

Day / Month / Year	Location
Ambulance Service	

#### Hospital Attendance Details

Day / Month / Year	Location
Name of Hospital	

- Hospital or Ambulance assistance for a hypoglycaemic event has not occurred in the last 12 months

**The person is not eligible. Do not continue with this form\***

#### AND

- that a health professional has assessed the person as having a demonstrated impaired awareness of hypoglycaemia using a Clarke score ([ndss.com.au/cgm](http://ndss.com.au/cgm)) with a score of:
  - 4 or above ► **Go to 22**
  - 1-3 **The person is not eligible, do not continue with this form\***

\* If the person does not meet the specific clinical criteria but you believe the person has an equivalent level of "high risk / high clinical need", consideration may be given on a case by case basis. Please contact the NDSS Helpline on 1300 136 588 for more information.

### 22 Is the person with type 1 diabetes currently using a CGM device

**Yes** – they will continue to use their current CGM device and can access CGM products through NDSS Access Points without requiring a starter kit.

Which CGM device is the person using?

► **Go to 25**

**Yes** – but will commence using a different CGM device and will require a new starter kit, a starter kit will be sent to the health professional listed at 24.

► **Go to 23**

**No** – for new CGM users, a starter kit will be sent to the health professional listed at 24.

► **Go to 23**

### 23 The choice of device to be used remains a decision of the health professional in consultation with the person/family/carer, noting that not all CGM products are indicated for use in all conditions or all age groups. Please view devices at [www.ndss.com.au/cgm](http://www.ndss.com.au/cgm).

Which device will the person be using?

- Dexcom G4 Platinum
- Dexcom G5 Mobile
- Medtronic Guardian Connect
- Medtronic MiniLink
- Medtronic Guardian 2 Link
- Medtronic Guardian Connect (3)
- Medtronic Guardian Link (3)

### 24 Contact details for the health professional receiving the starter kit.


Health professional name		
Email		
Clinic/Hospital		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

### 25 Certifier details

Your Name		
Medicare provider no./CDE no.		
Email		
Clinic/Hospital		
Address line 1		
Suburb	State	Postcode
Phone number		

### 26 By signing here, you are certifying that:

- you have assessed the person named in Q1 & Q2 and confirm that they have met all relevant eligibility criteria, as indicated by your answers; and
- you are aware that not all CGM products are indicated for use in all conditions or all age groups, and have considered available advice about the selected device including the relevant ARTG listing and any specific condition comments (if unsure search the device information at: [www.ndss.com.au/cgm](http://www.ndss.com.au/cgm)); and
- you have obtained informed consent from the person/family/carer for the specific device chosen for use.

Signature	Day	Month	Year
	/	/	/

## Privacy disclosure

Diabetes Australia respects your privacy. You can view our privacy policy, which contains information about how you can access and correct your personal information held by us at [ndss.com.au](http://ndss.com.au) or you can ask for a copy by calling the NDSS Helpline on 1300 136 588.

Your NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form.

In addition to the entities identified in the Registration Form, Diabetes Australia may also disclose your personal information provided in this form to NDSS Access Points (pharmacies registered with the NDSS) and also to third parties authorised by the Commonwealth to receive this information.

The Commonwealth may also track your usage of CGM products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with CGM products through the NDSS.

## Lodging this form

**This form must be certified by an authorised health professional. Once certified, email to:**

**[ndss@diabetesaustralia.com.au](mailto:ndss@diabetesaustralia.com.au)**

If you are unable to email this form, please

**Post:** GPO Box 9824 in your capital city

**Fax:** 1300 536 953

## Need help with this form?

**Call:** 1300 136 588

**Visit:** [ndss.com.au](http://ndss.com.au)

**TTY:** 133 677

**Speak and Listen:** 1300 555 727

**Translation:** 131 450

**Further information  
on this initiative is available at  
[ndss.com.au/cgm](http://ndss.com.au/cgm)  
or by calling the NDSS Helpline on  
**1300 136 588****

## Update your Personal Details

To help you manage your diabetes and to receive timely news and information from the NDSS, it is important that we have an up-to-date record of your personal details.

To update your details call the NDSS Helpline on 1300 136 588 or visit your preferred NDSS Access Point (usually a community pharmacy). In some instances you may need to supply supporting documentation for example change of name, change of medication/script. Below is a list of details you may need to update:

- Address
- Email
- Phone/mobile number
- Concessional status
- Change of name
- Change of medication.

## Access to CGM products

Access to the CGM Initiative will begin once a completed form is processed by the NDSS. You will receive an email confirming the start date.

To access fully-subsidised CGM products, eligible registrants can visit their preferred NDSS Access Point (usually a community pharmacy) and order their approved supplies.

## Limits

CGM products have annual limits which have been developed from the manufacturers recommended usage guide. Access to CGM products is calculated on the number of items accessed in the last 12 months from the present date. This determines when you will again be able to order more subsidised supplies.

It is recommended you only order one box of sensors per order, due to their limited shelf life. It is best practice to re-order sensors when you start using your second last sensor in a box, to ensure uninterrupted access to products.

All people accessing CGM products—and their health professionals—should understand the lifespans of the fully-subsidised CGM products available through the NDSS.

## Troubleshooting CGM devices

If you are having trouble using your device or you believe that it may be faulty you should contact AMSL for Dexcom products (1300 851 056) or Medtronic for Medtronic products (1800 777 808) in the first instance. Contacting the supplier rather than ordering additional supplies may mean you are able to receive a replacement product from AMSL or Medtronic, without affecting your CGM product limits.

## More information

To find out more about access to CGM through the NDSS you can visit [ndss.com.au](http://ndss.com.au). If you have questions about access to CGM through the NDSS call the NDSS Helpline on 1300 136 588 or email [ndss@diabetesaustralia.com.au](mailto:ndss@diabetesaustralia.com.au)

If you or your health professional decides to change CGM device, or end access to CGM through the NDSS the form is located here [www.ndss.com.au/cgm](http://www.ndss.com.au/cgm)